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| UTILITY PATENT APPLICATION TRANSMITTAL (for nonprovisional applications under 37 C.F.R. § 1.53(b)) | | Attorney Docket No. CRNC.107055 |
| | | Express Mail No. EV 369936647 US |

| | |
|--|---|
| TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | PLEASE ASSOCIATE APPLICATION WITH CUSTOMER NO. 05251 |
| Inventor(s): Mark Hoffman and David McCallie | |
| Title: COMPUTERIZED METHOD AND SYSTEM FOR INFERRING GENETIC FINDINGS FOR A PATIENT | |

22390 U.S. PTO
10/751292



010204

Enclosed are:

| | | | | | |
|-------------------------------------|---|-------------------------------------|----------------|--------------------------|--|
| <input type="checkbox"/> | Non-Publication Request Under 35 U.S.C. § 122(b)(2)(B)(i) | | | | |
| 29 | pages of specification including abstract | | | | |
| 7 | sheet(s) of drawings | | | | |
| <input type="checkbox"/> | an assignment of the invention to: | | | | |
| <input checked="" type="checkbox"/> | Declaration of Inventor(s):(Unexecuted) | <input checked="" type="checkbox"/> | Newly executed | <input type="checkbox"/> | Copied from a prior application (for contin/div) |
| <input type="checkbox"/> | Incorporation by Reference: the entire disclosure of the prior application, from which the copy or copies of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | | | | |
| <input type="checkbox"/> | Information Disclosure Statement/PTO-1449/Copies of IDS citations. | | | | |
| <input checked="" type="checkbox"/> | Benefit is claimed under 35 U.S.C. 119(e) of U.S. Provisional Application No. 60/509,023 filed October 6, 2003. | | | | |
| <input type="checkbox"/> | Other: | | | | |

If a Continuing Application: Check appropriate box, and supply the requisite information below:

| | | | |
|---------------------------------------|-------------------------------------|---|--------------------------|
| <input type="checkbox"/> Continuation | <input type="checkbox"/> Divisional | <input type="checkbox"/> Continuation-in-Part (CIP) | of prior application no. |
| Prior application information: | | Examiner: | Group Art Unit: |

| CLAIMS AS FILED | | | | |
|---|--|--------------|--------------|---------------------|
| | NUMBER FILED | NUMBER EXTRA | RATE | FEE |
| BASIC FEE | | | \$ 770 | \$ 770.00 |
| TOTAL CLAIMS | 31- 20 = | 11 | X \$ 18 | \$ 198.00 |
| INDEPENDENT CLAIMS | 2- 3 = | 0 | X \$ 86 | \$ 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | \$ 290 | \$ 0 |
| * Number extra must be zero or larger | | | TOTAL | \$ 968.00 |
| | If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here. | | | SMALL ENTITY TOTAL |
| <input type="checkbox"/> Assignment recordal fee enclosed | | | | \$ |
| <input type="checkbox"/> A check in the amount of \$ | to cover the filing fee and assignment recordal is enclosed. | | | TOTAL DUE \$ 968.00 |
| <input checked="" type="checkbox"/> Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet. | | | | |
| <input checked="" type="checkbox"/> Charge the amount of \$ 968.00 as filing fee. | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing fees required under 37 CFR 1.16 and 1.17. | | | | |

Jean Dickman
Signature

1/2/04
Date

Name: Jean M. Dickman, Reg. No.: 48,538